

**FEE  
ONLY**

2287/C03/PVD/PS

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Imran Hashim, Tony Chiang and Barry Chin  
Serial No. : 10/761,466  
Filed : January 21, 2004  
For : METHOD AND APPARATUS FOR FORMING IMPROVED METAL  
INTERCONNECTS  
Examiner : Calvin Lee  
Group Art Unit : 2825  
Customer No. : 41161

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NOV 22 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

REQUEST FOR EXTENSION OF TIME  
PURSUANT TO 37 CFR § 1.17 (a)

Sir:

Applicants respectfully request a two-month extension of  
time in which to respond to the Examiner's Office Action mailed June

11/22/2004 23:51

9146313229

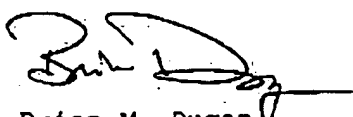
DUGAN &amp; DUGAN

PAGE 04

Please charge Deposit Account No. 04-1696 in the amount of  
\$430.00 to cover the one-month extension fee.

No other fees are believed necessary, however if additional  
fees are required please charge deposit account No. 04-1696.

Respectfully submitted,



Brian M. Dugan  
Registration No. 41,720  
Dugan & Dugan, PC  
Attorneys for Applicants  
(914) 332-9081

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12/03/2004 LSPRUELL 00000001 041696 10761466

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**FEE ONLY**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Re: Inventor(s): Imran Hashim, Tony Chiang and Barry Chin  
 Title: METHOD AND APPARATUS FOR FORMING IMPROVED METAL INTERCONNECTS  
 Serial No.: 10/761,466  
 Filed: January 21, 2004  
 Examiner: Calvin Lee  
 Group Art Unit: 2825

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NOV 22 2004

Transmitted herewith is:

- ☒ Request for two-month extension of time  
☒ Amendment  
☒ Transmittal and Fax Cover Sheet

## FEE CALCULATION

Fee Items	Highest No. of claims previously paid	Present No. of claims filed	Extra Claims	Fee Rate	Total
Total Claims	25			X \$18.00	\$0.00
Independent Claims	8			X \$88.00	\$0.00
Basic Filing Fee				\$790.00	PAID
TOTAL FEES					\$0.00

- XX The Commissioner is hereby authorized to charge \$0.00 to Deposit Account No. 04-1696.
- XX The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-1696. A duplicate copy of this transmittal is enclosed.
- XX Please address all future correspondence to: Customer # 41161  
 Dugan & Dugan, PC  
 55 South Broadway  
 Tarrytown, NY 10591

Certificate of Mailing/Transmission (37 C.F.R. Section 1.8(a))  
 I hereby certify that, on the date shown below, this correspondence is being

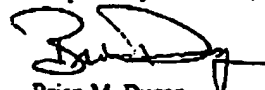
☒ transmitted by facsimile to the U.S. Patent and Trademark Office

  
 Signature

November 22, 2004  
 Date

BRIAN M. DUGAN  
 (name of person certifying)

Respectfully submitted,

  
 Brian M. Dugan  
 Attorney for Applicants  
 Registration No. 41,720  
 (914) 332-9081

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/761466

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	11	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20 =	*
INDEPENDENT CLAIMS	5 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 33	Minus ** 20	= 13
Independent	* 2	Minus *** 3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	12

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	234.00
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	234.00

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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